



Docket: 2789 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Mark Roby
Examiner: Michener, Jennifer K. Group Art Unit: 1762
Serial No: 09/965,872 Filed: September 28, 2001
For: **Plasma Coated Sutures**

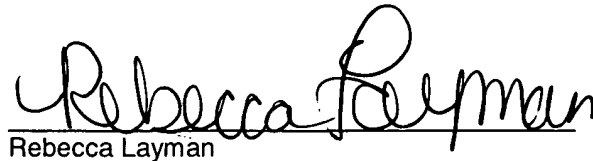
CERTIFICATE OF MAILING

Date of Deposit: October 13, 2006

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Request for Continued Examination (RCE) Transmittal
- ☒ Petition for Extension of Time under 37 CFR 1.136(a)
- ☒ Previously submitted Amendment dated September 13, 2006
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are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to the Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Rebecca Layman

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No: 2789 (203-3054)

APPLICANT(S): Mark S. Roby

EXAMINER: Jennifer K. Michener

SERIAL NO.: 09/965,872

GROUP: Art Unit 1762

FILED: September 28, 2001

DATED: September 13, 2006

TITLE: PLASMA COATED SUTURES

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

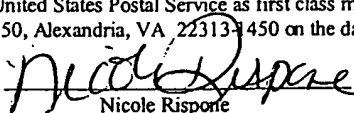
(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL * 17	MINUS ** 29	= 0			x 25=	\$		x 50=	\$
INDEP. * 2	MINUS *** 3	= 0			x 100=	\$	OR	x 200=	\$
					x 180=	\$		x 360=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					TOTAL	\$ 0.00		TOTAL	\$ 0.00

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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Dated: September 13, 2006


Nicole Risporre

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☐ A check in the amount of \$ is enclosed.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Michael R. Brew

Reg. No. 43,513

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MRB/nr